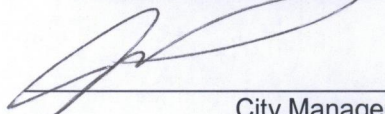


City of Riverside, California  
Human Resources Policy and Procedure Manual

Approved:

  
Human Resources Director

  
City Manager

Number: V-3 Effective Date: 02/18

**SUBJECT:**      **EMPLOYEE LEAVE DONATION PLAN**

**PURPOSE:**

To establish a procedure whereby City employees may, as a humanitarian act, donate their own accrued vacation leave to another employee who has exhausted all of their paid leave as a result of a serious, non-job related injury or illness to themselves or a member of their immediate family. Sick leave, compensatory time (except for IBEW Utility and Supervisory Units), holiday accruals, or any other form of compensation cannot be donated through this plan.

**POLICY:**

The following criteria will be utilized in establishing and maintaining an Employee Leave Donation Plan:

1. The employee for which the contribution is being donated (recipient) must be a benefited employee of the City with at least twelve months of continuous service. (Part-time benefited employees who are recipients may not utilize donations of hours greater than the number of hours for which they are regularly scheduled.)
2. The recipient employee must have exhausted all of their own paid leave (sick leave, vacation, compensatory time, and floating holiday), and be facing a financial hardship. Therefore, recipient employees participating in the buy-back of sick leave and/or vacation hours per the City's State Disability Insurance (SDI) and Paid Family Leave policy, V-1, are not eligible to receive donated leave time.

The recipient employee must be unable to work as a result of a non-job related serious health condition to the recipient employee or a member of the recipient employee's immediate family, i.e. spouse, child, parent. A serious illness or injury resulting from the commission of a crime is ineligible for leave donations under this policy



4. Any benefited City employee who has completed at least six months of continuous service may donate a minimum of two (2) hours of their accrued vacation leave in increments of one (1) hour provided that the donor maintains a minimum balance of two (2) weeks of vacation for their own use. Employees in the IBEW Utility and Supervisory Units may also donate their compensatory time bank in the same manner as the donation of accrued vacation leave for other employees. The donor may request that the donation be made anonymously.
5. The total amount of hours donated to any individual shall not exceed 520 hours in any calendar year (or 780 hours for Fire personnel assigned to 24 hour shifts).
6. Only the recipient employee for which the "Request for Creation of an Employee Leave Donation Plan" has been established may receive donated hours from said plan. Such donated hours will be added to the employee's sick leave balance, as needed.
7. A "Request for Creation of an Employee Leave Donation Plan" Form can be obtained on page three of the attached, the Human Resources Department website or the City's intranet. Requests must be approved by the Department Head and the Human Resources Director. Appeals may be filed with the City Manager, and will be reviewed on a case-by-case basis, depending on the circumstances.
8. The value of donated leave time will be calculated at the donor's regular pay rate, then converted to hours of sick leave at the recipient's regular pay rate to the nearest half (0.5) hour to determine the number of leave hours.
9. The plan will be administered so that hours will be used only as needed and in the order donated. Donated hours will reflect as a negative adjustment to the employee's accrual balance during the pay period in which they are utilized and not immediately upon submittal of the form.

**CITY OF RIVERSIDE  
REQUEST FOR CREATION OF AN EMPLOYEE LEAVE DONATION PLAN**

Employee (Recipient) Name: \_\_\_\_\_  
MI Last First

Employee ID#: \_\_\_\_\_ Classification: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

I, \_\_\_\_\_, request that the City of Riverside establish an employee leave donation plan on my behalf. I acknowledge that my name, department and division will be released in an effort to encourage donations to the leave plan.

I further certify that I will have used all accrued leave (i.e., sick leave, vacation, compensatory time, floating holiday) as of \_\_\_\_\_, and that being on an unpaid status would cause financial hardship.

I am unable to return to work for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_

**(PLEASE ATTACH SUPPORTING MEDICAL STATEMENTS FROM ATTENDING PHYSICIAN(S).)**

Employee's (recipient) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

**Recommendation of Department Head:**

\_\_\_\_ Approve \_\_\_\_\_ Deny

Reason(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Recommendation of Human Resources:**

\_\_\_\_ Approve \_\_\_\_\_ Deny

Reasons:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Human Resources Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COPIES OF FINAL RECOMMENDATION TO BE SENT TO: HUMAN RESOURCES, ORIGINATING DEPARTMENT



**CITY OF RIVERSIDE**  
**REQUEST AND AUTHORIZATION TO BE A DONOR TO AN EMPLOYEE LEAVE**  
**DONATION PLAN**

Date: \_\_\_\_\_

The City of Riverside has established an Employee Leave Donation Plan on behalf of \_\_\_\_\_  
("Employee") of the \_\_\_\_\_ Department, \_\_\_\_\_ Division.

The employee is asking that you consider donating **vacation, or compensatory time bank (IBEW Utility and Supervisory Units)** hours to assist the employee.

**Please be aware you must have and retain two weeks of vacation time before you will be eligible to donate any hours.**

Please fill out the form below (read thoroughly) and either:

1. Return to the Human Resources Department through interoffice mail, **or**
2. Fax the completed form to Human Resources at 826-2552.

**REQUEST AND AUTHORIZATION TO BE**  
**A DONOR TO AN EMPLOYEE LEAVE DONATION PLAN**

Donating Employee Name (Please Print): \_\_\_\_\_

\_\_\_\_\_ Last First  
MI

Employee ID #: \_\_\_\_\_ Phone #: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Title: \_\_\_\_\_ Department/Division: \_\_\_\_\_

I, the above named employee, request and authorize the City of Riverside to transfer \_\_\_\_\_ hours  
(2 hours minimum) of my own (Select One):

- ☐ Accrued vacation leave  
☐ Compensatory time bank (IBEW Utility and Supervisory Units)

To \_\_\_\_\_ (Recipient Employee) sick leave account.

I understand that the decision to donate may not be withdrawn after it is submitted. Donated vacation leave, or compensatory time (IBEW Utility and Supervisory Units), will be utilized in order of the date donated. I also understand that I must retain at least 2 weeks of vacation for my own use.

I hereby make this voluntary donation of accrued vacation leave, or compensatory time (IBEW Utility and Supervisory Units), from my account of my own free will.

Employee (Donor) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Check only if you wish to make your donation anonymously.